

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
REPORT OF MARINE CASUALTY

OMB No. 1625-0001
Expires: 01/31/2016

SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility ADVENTURE HORNBLOWER			2. Official No. 999192		3. Nationality USA		4. Call Sign WDA3017		5. USCG Certificate of Inspection issued at: SAN DIEGO	
6. Type (Towing, Freight, Fish, Drill, etc.) PASSENGER (INSPECTED)			7. Length 142.8		8. Gross Tons 94		9. Year Built 1994		10. Propulsion (Steam, diesel, gas, turbine...) DIESEL REDUCTION	
11. Hull Material (Steel, Wood...) STEEL		12. Draft (Ft. - in.) FWD 6 AFT 6		13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.) N/A			14. Date (of occurrence) 03-31-2016		15. TIME (Local) 1250	
16. Location (See Instruction No. 10A) 32.42.90'N / 117.10.42'W							17. Estimated Loss of Damage TO:			
18. Name, Address & Telephone No. of Operating Co. HORNBLOWER CRUISES & EVENTS / 2825 FIFTH AVENUE, SAN DIEGO, CA 92103 / 619-686-8700							VESSEL <u>TBD</u> CARGO _____ OTHER _____			
19. Name of Master or Person in Charge [REDACTED]			USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot N/A		USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO		State License <input type="checkbox"/> YES <input type="checkbox"/> NO	
19a. Home or Work Street Address (City, State, Zip Code) [REDACTED]			19b. Home or Work Telephone No. [REDACTED]		20a. Home or Work Street Address (City, State, Zip Code) N/A			20b. Home or Work Telephone No. N/A		

21. Casualty Elements (Check as many as needed and explain in Block 44.)

NO. OF PERSONS ON BOARD <u>149</u> DEATH - HOW MANY? <u>N/A</u> MISSING - HOW MANY? <u>N/A</u> <input checked="" type="checkbox"/> INJURED - HOW MANY? <u>3</u> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.) OIL SPILL - ESTIMATE AMOUNT: _____ CARGO CONTAINER LOST/DAMAGED <input checked="" type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.) GROUNDING _____ WAKE DAMAGE _____	FLOODING; SWAMPING WITHOUT SINKING CAPSIZING (with or without sinking) FOUNDERING OR SINKING HEAVY WEATHER DAMAGE FIRE EXPLOSION COMMERCIAL DIVING CASUALTY ICE DAMAGE DAMAGE TO AIDS TO NAVIGATION STEERING FAILURE <input checked="" type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE ELECTRICAL FAILURE STRUCTURAL FAILURE	FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) BLOW OUT (Petroleum exorption/production) ALCOHOL INVOLVEMENT (Describe in Block 44.) DRUG INVOLVEMENT (Describe in Block 44.) OTHER (Specify) _____ _____
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22. Conditions

A. Sea or River Conditions (wave height, river stage, etc.)	B. WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____	C. TIME <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT	D. VISIBILITY <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	E. DISTANCE (miles of visibility) <u>2.0</u>	F. AIR TEMPERATURE (F) <u>72</u>	G. WIND SPEED & DIRECTION <u>8-10KTS NORTH</u>	H. CURRENT SPEED & DIRECTION <u>.5KTS SOUTH</u>
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23. Navigation Information

MOORED, DOKED OR FIXED ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING	SPEED AND COURSE <u>1-2 KTS</u> <u>078</u>	24. Last Port Where Bound <u>SAN DIEGO, CALIFORNIA</u>	24a. Time and Date of Departure <u>0930</u>
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25. FOR TOWING ONLY	25a. NUMBER OF VESSELS TOWED	Empty	Loaded	Total	25b. N/A TOTAL H.P. OF TOWING UNITS	25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)	Length	Width	25d. (Describe in Block 44.) <input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW
	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	

SECTION II. BARGE INFORMATION

26. Name <u>N/A</u>		26a. Official Number <u>N/A</u>		26b. Type <u>N/A</u>		26c. Length <u>N/A</u>		26d. Gross Tons <u>N/A</u>		26e. USCG Certificate of Inspection issued at: <u>N/A</u>	
26f. Year Built <u>N/A</u>		26g. SINGLE SKIN <input type="checkbox"/> DOUBLE		26h. Draft FWD <u>N/A</u> AFT <u>N/A</u>		26i. Operating Company <u>N/A</u>					
26j. Damage Amount BARGE <u>N/A</u> CARGO <u>N/A</u> OTHER <u>N/A</u>				26k. Describe Damage to Barge <u>N/A</u>							

SECTION III. PERSONNEL ACCIDENT INFORMATION				
27. Person Involved <input type="checkbox"/> MALE <input type="checkbox"/> OR FEMALE <input type="checkbox"/> DEAD <input checked="" type="checkbox"/> INJURED <input type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name) Waiting for contact info from the Coast Guard 27b. Address (City, State, Zip Code) *		27c. Status <input type="checkbox"/> Crew <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Other
28. Birth Date	29. Telephone No.	30. Job Position		31. (Check here if off duty) <input type="checkbox"/>
32. Employer - (if different from Block 18., fill in Name, Address, Telephone No.)				
33. Person's Time A. IN THIS INDUSTRY - _____ YEAR(S) MONTH(S) B. WITH THIS COMPANY - _____ C. IN PRESENT JOB OR POSITION - _____ D. ON PRESENT VESSEL/FACILITY - _____ E. HOURS ON DUTY WHEN ACCIDENT OCCURRED - _____			34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.) PASSENGER 35. Was the Injured Person Incapacitated 72 Hours or More? NO 36. Date of Death N/A	
37. Activity of Person at Time of Accident				
38. Specific Location of Accident on Vessel/Facility				
39. Type of Accident (Fall, Caught between, etc.)			40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)	
41. Part of Body Injured			42. Equipment Involved in Accident	
43. Specific Object, Part of the Equipment in block 42., or Substance (Chemical, Solvent, etc.) that directly produced the injury.				
SECTION IV. DESCRIPTION OF CASUALTY				
44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary). <div style="border: 1px solid black; padding: 10px; min-height: 200px;"> please refer to the continuation page for the full description of the incident </div>				
45. Witness to Casualty (Name, Address, Telephone No.)				
46. Witness to Casualty (Name, Address, Telephone No.)				
SECTION V. PERSON MAKING THIS REPORT				
47. Name (PRINT) (Last, First, Middle)		47b. Address (City, State, Zip Code)		47c. Title
47a. Signature				CAPTAIN
				47d. Telephone No.
				47e. Date 04/03/2016
FOR COAST GUARD USE ONLY			REPORTING OFFICE:	
MISLE Incident Investigation Activity Data Entry:			MISLE Incident Investigation Activity Number (if applicable)	
<input type="checkbox"/> NONE <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> DATA COLLECTION <input type="checkbox"/> INFORMAL <input type="checkbox"/> FORMAL				
Serious Marine Incident <input type="checkbox"/> Yes <input type="checkbox"/> No	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)	DATE
Major Marine Casualty <input type="checkbox"/> Yes <input type="checkbox"/> No				

As I made my approach to the west end of the Navy Pier dock, there was a mechanical failure and I was unable to stop the boat from forward propulsion and we struck the pier. Attempts to stop the boat were made with reverse propulsion, but that only sped the boat up because the engines seemed to be stuck in forward gear. Continuous loud blasts on the horn were made by the neighboring vessel. I yelled to the people on the dock and the street to run or get away and all the crew yelled to brace for impact prior to impact while I used the bow thruster to keep away from the other boats on our port side, and tried to put the engines into neutral and shut off the engines. After we made impact with the pier and the vessel stopped moving, I made contact with the Coast Guard and Hornblower's Port Captain, and then went down to the forward compartment to check for damage to the hull or water coming in. There was evidence of hull damage, but no water ingress liquids leaking out of our vessel. First officer Jeanne Flemming checked the rest of the boat for other damage and found none. She reported back to me via hand held radio while the snack bar crew Jared and Lauren checked for any life threatening injuries, and reported back to me via hand held radios there were none. Continuation of this report on other pages.

Upon impact, some passengers fell and were injured. Jared made the call immediately to get EMS on the way he and Lauren were providing first aide while Jeanne the first officer checked the boat. There was no damage to the hull below the waterline or threats of fires or other problems. We only found damage to the bow above the waterline. My crew continuously checked in with me via hand held radios and kept me updated on the injured passengers status as best they could. EMS arrived and was able to board through the STBD quarter window. My crew led them to the priority patients, three passengers were transported to local medical facilities. I was in the wheelhouse with Coast Guard and Harbor Police and handling communication with them, our port captain, and the tugboats to get the vessel safely moored to the dock so we could unload our passenger. My crew was making rounds attending to other injured passengers and updating me via hand held radios consistently. I made announcements on the PA when I could to ensure our passengers that we were working as hard and fast as possible to get them first aide and get the vessel safely moored. Once we got clearance from the CG to be able to move the vessel, the tugs were able to position the vessel back to our dock and we were able to lower our ramp and safely disembark the rest of the passengers around 1400-1430. We did our best to keep everyone calm and comfortable while they waited. Provided first aide, water, food and ice packs etc. All the crew was given breathalyzers on board, and then we all went and got another breathalyzer and urine collection at an onshore facility as soon as the passengers were off the vessel was and it was secured to the dock.

X [REDACTED] 4/4/16

Captain Julie Peet

On the Adventure Incident CG 2692 form

Continuation